## **ANNEXURE - H**

## **MEDICAL FITNESS**

A candidate must be medically fit to undergo the professional course applied for. The medical fitness must be certified by a Registered Medical Practitioner in the prescribed proforma, as given below on a **Letterhead:** 

CERTIFICATE OF MEDICAL FITNESS	
This is to certify that I have con	ducted clinical examination of Mr./Ms
who is	s desirous of admission to Health Science
Courses.	
He/she has not given any personal his	tory of any disease incapacitating him/her to
undergo the professional course. Also, on clinical examination it has been found that he/she	
is medically fit to undergo the professional course.	
Certified that he/she fulfills the following criteria.	
<ul> <li>(1) Absence of any incapacitating and /or progressive systemic disease/disorder/condition,</li> <li>(2) Absence of any disability of upper limb/s.</li> <li>(3) Absence of any major visual/ auditory disability.</li> <li>(4) Absence of psychosis/neurosis/mental retardation,</li> <li>(5) Ability to maintain erect posture,</li> <li>(6) Reasonable manual dexterity.</li> <li>Though, following deviations have been revealed, in my opinion, these are not impediments to pursue a career as a Medical / Dental / Ayurved / Unani / Occupational Therapy / Physiotherapy / Audiology &amp; Speech, Language Pathology / Prosthetics &amp; Orthotics / BSc Nursing. (Strike, which is not applicable):</li> <li>1.</li> <li>2.</li> <li>3.</li> <li>3.</li> </ul>	
Address of the Registered Medical Practitioner	Signature
	Name
	Registration No.
	Seal of Registered Medical Practitioner
Date :	